



STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Notice of Decision

Decision Date: August 24, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000018896

[REDACTED]

Dear [REDACTED],

On August 17, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's July 2, 2016 eligibility determination, August 13, 2016 discontinuance, August 13, 2016 plan disenrollment, September 14, 2016 discontinuance, and September 14, 2016 plan disenrollment notices.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of NY State of Health.

If you have questions about your Decision, you can contact us by:

- Calling the Customer Service Center at 1-855-355-5777
- Sending Mail to:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- Sending a Fax to 1-855-900-5557

When contacting NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification number and the Account ID at the top of this notice.

Legal Authority

We are sending you this notice in accordance with 45 Code of Federal Regulations (CFR) § 155.545.

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY - Spanish: 1-877-662-4886).

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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Decision

Decision Date: August 24, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000018896



Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Was your appeal of NY State of Health's July 2, 2016 eligibility determination notice, August 13, 2016 and September 14 discontinuance notices, and August 13, 2016 and September 14, 2016 plan disenrollment notices timely?

Did NY State of Health properly determine that your enrollment in your Medicaid Managed Care plan was effective August 1, 2016?

Did NY State of Health properly determine that your enrollment in your Medicaid Managed Care plan was terminated between September 1, 2016 through October 31, 2016?

Procedural History

On July 30, 2015, NY State of Health (NYSOH) received your application for financial assistance with health insurance.

On July 31, 2015, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid effective July 1, 2015.

On May 2, 2016, NYSOH issued a notice that it was time to renew your health insurance for 2017. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether you would qualify for financial help paying for your health coverage, and that you needed to

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update your account between May 16, 2016 and June 15, 2016 or you might lose the financial assistance you were currently receiving.

No updates were made to your account by June 15, 2016.

On June 17, 2016, NYSOH issued a discontinuance notice stating that you are not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance. You also could not enroll in a qualified health plan at full cost. This was because you had not responded to the renewal notice and had not completed your renewal within the required time frame. Your eligibility ended June 30, 2015.

Also on June 17, 2016, NYSOH issued a plan disenrollment notice stating that your coverage through your Medicaid Managed Care plan would end, effective June 30, 2016.

On July 1, 2016, NYSOH received your updated application for health insurance.

On July 2, 2016, NYSOH issued an eligibility redetermination notice stating that you were eligible for Medicaid, effective August 1, 2016.

Also on July 2, 2016, NYSOH issued a plan enrollment notice confirming that you had selected a Medicaid Managed Care Plan and the effective date of that plan was August 1, 2016.

On August 13, 2016, NYSOH issued a notice of discontinuance stating that you were no longer eligible to receive health insurance through NYSOH, effective August 31, 2016, because notices regarding your eligibility and coverage sent to you by NYSOH were returned as undeliverable. This notice also stated that you needed to update your mailing address so that you could remain eligible for health coverage through NYOSH.

Also on August 13, 2016, NYSOH issued a plan disenrollment notice confirming that your Medicaid Managed Care plan would end effective August 31, 2016.

On September 7, 2016, NYSOH received your application for financial assistance with health insurance.

On September 8, 2016, NYSOH issued an eligibility determination stating that you were eligible for Medicaid, effective September 1, 2016.

Also on September 8, 2016, NYSOH issued a plan enrollment notice confirming your enrollment in your Medicaid Managed Care plan, effective October 1, 2016.

On September 14, 2016, NYSOH issued a notice of discontinuance stating that you were no longer eligible to receive health insurance through NYSOH, effective

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September 30, 2016, because notices regarding your eligibility and coverage sent to you by NYSOH were returned as undeliverable. This notice also stated that you needed to update your mailing address so that you could remain eligible for health coverage through NYOSH.

Also on September 14, 2016, NYSOH issued a plan disenrollment notice confirming that your Medicaid Managed Care plan would end effective October 1, 2016.

On October 5, 2016, NYSOH received your updated application for health insurance.

On October 6, 2016, NYSOH issued a plan enrollment notice, based on your October 5, 2016 plan selection, confirming your enrollment in your Medicaid Managed Care plan effective November 1, 2016.

On October 9, 2016, NYSOH issued an eligibility determination, based on your October 5, 2016 application, stating that you were eligible for Medicaid, effective October 1, 2016.

On May 11, 2017, you spoke to NYSOH's Account Review Unit and appealed the July 2, 2016 enrollment confirmation insofar as it began your Medicaid Managed Care plan on August 1, 2016, and not July 1, 2016, you also appealed the fact that you were disenrolled from your Medicaid Managed Care plan from September 1, 2016 through October 31, 2016.

On August 17, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed at the end of the hearing.

Findings of Fact

A review of the record supports the following findings of fact:

- 1) You testified, and the record reflects, that you receive all of your notices from NYSOH by regular mail.
- 2) You testified that you did not receive any notices telling you that you needed to update your application in order to renew your Medicaid Managed Care coverage.
- 3) You testified that you did not know that you needed to update your account until you called to verify that your insurance was up to date so that you could have a scheduled procedure completed.

- 4) The record reflects that on July 1, 2016, NYSOH received your updated application for health insurance.
- 5) You testified, and the record reflects, that you selected your Medicaid Managed Care Plan on July 1, 2016, and that your enrollment was effective on August 1, 2016.
- 6) You testified that you want your Medicaid Managed Care plan to begin on July 1, 2016 because you have unpaid medical bills from that month and your doctor does not accept fee for service Medicaid.
- 7) According to your NYSOH account, four notices addressed to you were returned as undeliverable. Those notices include: a July 2, 2016 eligibility determination returned on July 26, 2016, a July 29, 2016 plan enrollment notice returned on August 15, 2016, and an August 13, 2016 discontinuance notice returned on August 24, 2016, and August 13, 2016 plan disenrollment notice returned August 24, 2016.
- 8) The returned July 2, 2016 eligibility determination was uploaded to your NYSOH account on August 12, 2016.
- 9) The returned July 29, 2016 plan enrollment notice was uploaded to your NYSOH account on September 13, 2016.
- 10) The returned August 13, 2016 discontinuance notice and plan disenrollment notices were uploaded to your account on October 6, 2016.
- 11) The record reflects that all the notices that were sent to you that were returned were address to: [REDACTED].
- 12) You testified that you moved to a new address in the summer of 2016, and when you updated your application on July 2, 2016 that you informed the NYSOH representative of your new address.
- 13) You testified that this address was incorrect, and that the NYSOH representative that assisted you with your application inputted the address incorrectly.
- 14) You testified that your correct address is: [REDACTED].
- 15) You testified that you would like to be reenrolled into your Medicaid Managed Care plan from September 1, 2016 through October 31,

2016 because your doctor will currently not see you due to outstanding bills and he does not accept fee-for-service Medicaid.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

Applicable Law and Regulations

Valid Appeal Requests

An applicant has the right to appeal to NYSOH's Appeals Unit: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (3) an eligibility determination for an exemption; (4) a failure by the Exchange to provide timely notice of an eligibility determination 45 CFR § 155.505; and (5) a denial of a request for a special enrollment period (45 CFR § 155.505(b)(1)(iii), 45 CFR § 155.305(b), and 45 CFR § 155.420(d)).

Individual applicants and enrollees must request a hearing within sixty (60) days of the date of their notice of eligibility determination by NYSOH (45 CFR 155.520(b)(2); 18 NYCRR 358-3.5(b)(1)).

Medicaid Renewal

In general, NYSOH must review Medicaid eligibility once every twelve months or "whenever it receives information about a change in a beneficiary's circumstances that may affect eligibility" (42 CFR § 435.916(a)(1), (d)). NYSOH must make its "redetermination of eligibility without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency, including but not limited to information accessed through any data bases accessed by the agency" (42 CFR § 435.916(a)(2)).

NYSOH must provide an individual with the annual redetermination notice, including the projected eligibility for coverage and financial assistance, and must require the qualified individual to report any changes within 30 days (45 CFR § 155.335(c), (e)). Once the 30-day period has lapsed, NYSOH must issue a redetermination as provided by the notice, with consideration given to any updates provided by the individual (45 CFR §155.335(h)).

An individual is eligible for fee-for-service Medicaid effective on the first day of the month if an individual was eligible any time during that month (42 CFR § 435.915(b)).

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Medicaid Managed Care (MMC) plan enrollments received on or before the fifteenth day of the month are effective the first day of the following month. Enrollments received after the fifteenth day of the month are effective the first day of the second following month (Medicaid Managed Care Model Contract (Appendix H(6)(b)(ii) & (iii), effective 3/1/2014 – 2/28/2019, N.Y. Soc. Serv. Law §364-j(1)(c); 18 NYCRR § 360-10.3(h)).

Medicaid- Residency Requirement

To be eligible for enrollment in a Medicaid Managed Care plan through the New York State of Health, an applicant must be a resident of New York State (NY Public Health Law § 2510(6)).

Legal Analysis

The first issue under review is whether your appeal of NYSOH's July 2, 2016 eligibility determination, August 13, 2016 discontinuance and plan disenrollment notices, and September 14, 2016 discontinuance and plan disenrollment notices were timely.

The record reflects that you first contacted NYSOH to file a complaint about the start date of your Medicaid Managed Care plan, and termination of your Medicaid Managed Care plan on May 11, 2017. The record indicates that a formal appeal was filed on that day.

Individual applicants and enrollees must request a hearing within sixty (60) days of the date of their notice of eligibility determination by NYSOH.

For an appeal to have been valid on the issue of the start date of your Medicaid Managed Care plan as stated in the July 2, 2016 plan enrollment notice, an appeal should have been filed on or around August 31, 2016. For an appeal to have been valid on the issue of the termination of your Medicaid Managed Care plan for September 2016 and October 2016 as stated in the August 13, 2016 discontinuance and plan disenrollment notices and the September 14, 2016 discontinuance and plan disenrollment notices, respectively, and appeal should have been filed on or around October 12, 2016 and November 13, 2016, respectively. The record reflects that your appeal was filed on May 11, 2017, for both issues, which is well beyond the 60 day deadline.

However, you testified that it wasn't until you were told by your doctor's office that they did not accept fee-for-service Medicaid and that you would have to repay the money you owed the office before receiving any further treatment that you contacted NYSOH to see what had happened. The record also indicates that you

did not receive many of the notices that were issued to you due to having the incorrect address on file.

It is reasonable to infer that you filed your appeal within a reasonably short time of learning that your Doctor did not accept your coverage and that you were terminated from coverage for the months of September 2016 and October 2016. Therefore, your appeal was timely filed.

The second issue under review is whether NYSOH properly determined that your enrollment in your Medicaid Managed Care plan was effective August 1, 2016.

You were originally found eligible for Medicaid effective July 1, 2015.

Generally, NYSOH must redetermine a qualified individual's eligibility for Medicaid once every 12 months without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency. NYSOH's May 2, 2016 renewal notice stated that there was not enough information to determine whether you were eligible to continue your financial assistance for health insurance, and that you needed to supply additional information between May 16, 2016 and June 15, 2016, or your financial assistance might end.

Because there was no timely response to this notice, you were terminated from your Medicaid Managed Care plan effective June 30, 2016.

You testified that you did not receive any notice from NYSOH telling you that you needed to update the information in your NYSOH account. You testified, and your NYSOH account confirms, that you elected to receive notifications by regular mail. You further testified that you moved in the summer of 2016, but your address was: [REDACTED], and the May 2, 2016 renewal notice contains this address. However, there is no evidence in the record that any of the renewal notice that were sent to your mailing address were returned as undeliverable.

Therefore, the record reflects that NYSOH properly notified you of your annual renewal and that information in your NYSOH account needed to be updated in order to ensure your enrollment in your health plan and eligibility for financial assistance would continue.

The record shows that on July 1, 2016 you updated the information in your NYSOH account. Subsequently, NYSOH issued an eligibility determination stating that you were found eligible for Medicaid, effective August 1, 2016.

However, an individual is eligible for fee-for-service Medicaid effective on the first day of the month if an individual was eligible any time during that month.

Therefore, you should have been found eligible for fee-for-service Medicaid effective July 1, 2016 and the July 2, 2016 eligibility determination is MODIFIED to reflect that you were eligible for fee-for-service Medicaid, effective July 1, 2016 and not August 1, 2016.

On July 1, 2016, you also submitted a request to enroll in a Medicaid Managed Care plan.

The date on which a Medicaid Managed Care plan can take effect depends on the day a person selects the plan for enrollment.

A plan that is selected from the first day to and including the fifteenth day of a month goes into effect on the first day of the following month. A plan that is selected after the fifteenth day of a month goes into effect on the first day of the second following month.

Since you selected your Medicaid Managed Care plan on July 1, 2016, it must take effect on the first day of the following after July 2016; that is, on August 1, 2016.

Therefore, NYSOH's July 2, 2017 plan enrollment notice is AFFIRMED because it properly began your enrollment in your Medicaid Managed Care plan on August 1, 2016.

The third issue under review is whether NYSOH properly determined that your enrollment in your Medicaid Managed Care plans ended from September 1, 2016 through October 31, 2016.

For an applicant to remain eligible for enrollment in a Medicaid Managed Care plan through NYSOH, they must meet both the financial and non-financial requirements. One of the non-financial requirements is that the applicant must be a New York State Resident.

According to your NYSOH account, on July 2, 2016, NYSOH issued an eligibility determination notice that was returned to NYOSH as undeliverable on July 26, 2016. This returned notice was uploaded onto your NYSOH account on August 13, 2016.

As a result, you were subsequently disenrolled from your Medicaid Managed Care plans because NYOSH received mail addressed to you that was undeliverable; therefore, the system assumed that you no longer met the state residency requirement for enrollment in a Medicaid Managed Care plan. As such, on August 13, 2016, NYSOH issued a discontinuance notice and a plan disenrollment notice, stating that you were no longer eligible to enroll in Medicaid and your coverage in your Medicaid Managed Care plans would end, effective August 31, 2017.

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You testified, and the record reflects, that after being disenrolled you reenrolled into a Medicaid Managed Care plan on September 7, 2016.

However, according to your NYSOH account, on July 29, 2016, NYSOH issued a plan enrollment notice that was returned to NYSOH as undeliverable on August 15, 2016. This returned notice was uploaded to your NYSOH account on September 13, 2016.

As a result, you were subsequently disenrolled from your Medicaid Managed Care plan because NYOSH again received mail addressed to you that was undeliverable, the system assumed that you no longer met the state residency requirement for enrollment in a Medicaid Managed Care plan. As such, on September 15, 2016, NYSOH issued a discontinuance notice and a plan disenrollment notice, stating that you were no longer eligible to enroll in Medicaid and your coverage in your Medicaid Managed Care plans would end, effective October 1, 2016.

However, a review of the record, along with your testimony, reflects that you received help with your July 1, 2016 application from a NYSOH representative. You testified that you gave the NYSOH representative the correct new address information; however, the NYSOH representative must have entered the information in wrong.

Based on the credible evidence of the record, it is reasonable to conclude that the address that was listed in your NYSOH account was incorrect through no fault of your own, and was the result of an error made by the NYSOH representative that assisted you with your July 1, 2016 application. As a result, it is reasonable to conclude that your disenrollment from your Medicaid Managed Care plan from September 1, 2016 through October 31, 2016 was in error.

Therefore, the August 13, 2016 discontinuance, the August 13, 2016 plan disenrollment, the September 14, 2016 discontinuance, and the September 14, 2016 plan disenrollment notices must be **RESCINDED**.

Your case is **RETURNED** to NYSOH to reinstate your coverage in your Medicaid Managed Care plan for the months of September 2016 and October 2016, and to notify you accordingly.

Decision

The July 2, 2016 eligibility determination is MODIFIED to reflect that you were eligible for fee-for-service Medicaid, effective July 1, 2016 and not August 1, 2016.

The July 2, 2017 plan enrollment notice is AFFIRMED.

The August 13, 2016 discontinuance notice is RESCINDED.

The August 13, 2016 plan disenrollment notice is RESCINDED.

The September 14, 2016 discontinuance notice is RESCINDED.

The September 14, 2016 plan disenrollment notices is RESCINDED.

Your case is RETURNED to NYSOH to enroll you in Medicaid fee for service for the month of July 2016, and to reinstate you in your Medicaid Managed Care plan for September and October 2016.

Effective Date of this Decision: August 24, 2017

How this Decision Affects Your Eligibility

The effective date of your fee-for-service Medicaid is July 1, 2016.

The effective date of your Medicaid Managed Care plan is August 1, 2016.

Your case is being set back to NYSOH to reinstate your Medicaid Managed Care plan for the month of September 2016 and October 2016.

NYSOH will notify you once this change has been completed.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to the Federal Marketplace or bring a lawsuit under New York Civil Practice Law and Rules, Article 78.

You may bring a lawsuit on any Appeals Unit decision in New York State court in accordance with Article 78 of the New York Civil Practice Law and Rules. This must be done within four months of the Decision Date, which appears on the first page of this Decision.

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY – Spanish: 1-877-662-4886).

Additionally, Appeals Unit decisions on issues involving eligibility for qualified health plans, advance premium tax credits, and cost-sharing reductions may be appealed to the Federal Marketplace. This must be done within 30 days of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

If you have questions about appealing to the Federal Marketplace, you can contact them in any of the following ways:

- By calling the Customer Service Center at 1-800-318-2596
- By mail at:
Health Insurance Marketplace
Attn: Appeals
465 Industrial Blvd.
London, KY 40750-0061
- By fax: 1-877-369-0129

If you wish to be represented by an attorney in bringing an outside appeal and do not know how to go about getting one, you may contact legal resources available to you. You may, for example, contact the local County Bar Association, Legal Aid, or Legal Services.

If You Have Questions about this Decision (Customer Service Resources):

You can contact us in any of the following ways:

- By calling the Customer Service Center at 1-855-355-5777
- By mail at:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The July 2, 2016 eligibility determination is MODIFIED to reflect that you were eligible for fee-for-service Medicaid, effective July 1, 2016 and not August 1, 2016.

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The July 2, 2017 plan enrollment notice is AFFIRMED.

The August 13, 2016 discontinuance notice is RESCINDED.

The August 13, 2016 plan disenrollment notice is RESCINDED.

The September 14, 2016 discontinuance notice is RESCINDED.

The September 14, 2016 plan disenrollment notices is RESCINDED.

Your case is RETURNED to NYSOH to effectuate the changes to your account as noted above, and to notify you accordingly.

The effective date of your fee-for-service Medicaid is July 1, 2016.

The effective date of your Medicaid Managed Care plan is August 1, 2016.

Your case is being set back to NYSOH to reinstate your Medicaid Managed Care plan for the month of September 2016 and October 2016.

NYSOH will notify you once this change has been completed.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:



Getting Help in a Language Other than English

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

Español (Spanish)

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Le proporcionaremos un intérprete sin ningún costo.

中文 (Traditional Chinese)

這是重要的文件。如果您需要獲得關於瞭解文件內容方面的協助，請致電 1-855-355-5777。我們可以為您免費提供您所使用語言的翻譯人員。

Kreyòl Ayisyen (Haitian Creole)

Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo 1-855-355-5777. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

中文 (Simplified Chinese)

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您提供相应语种的口译服务。

Italiano (Italian)

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

한국어 (Korean)

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777 번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

Русский (Russian)

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

العربية (Arabic)

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجاناً.

বাংলা (Bengali)

এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

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Français (French)

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

हिंदी (Hindi)

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

日本語 (Japanese)

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

नेपाली (Nepali)

यो एउटा महत्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

Polski (Polish)

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

Twi (Twi)

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. ye&etumi ama wo obi a okyerE kasa a woka no ase ama wo kwa a wontua hwee.

(Urdu) اردو

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم 1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

Tiếng Việt (Vietnamese)

Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

אידיש (Yiddish)

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